

APPLICATION NUMBER 09/258,553	FILING DATE 02/26/1999	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO P03592US1
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APPLICANT  
 ERIC M WEAVER, STORY CITY, IOWA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED THIS APPLN IS A CIP OF 09/210,490 12/11/1998  
ASZ

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED  
ASZ

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED  
ASZ

FOREIGN FILING LICENSE GRANTED 03/19/1999

Foreign priority claimed <input type="radio"/> yes <input checked="" type="radio"/> no 35 USC 119 (a-d) conditions met <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance Verified and acknowledged <u>ASZ</u> Examiner's Name Initials	STATE OR COUNTRY IA	SHEETS, DRAWINGS 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS  
 WENDY K. MARSH  
 ZARLEY, MCKEE, THOMTE, VOORHEES & SEASE  
 801 GRAND AVENUE  
 SUITE 3200  
 DES MOINES , IA 50309-2721

TITLE  
 ANIMAL SERUM PRODUCT FOR GUT MUCOSAL PROTECTION AND PREVENTION OF  
 INFECTION BY VEROTOXIN-PRODUCING ORGANISMS

FILING FEE RECEIVED  \$\$\$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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SERIAL NUMBER 09/258,553	FILING DATE 02/26/99	CLASS 514	GROUP ART UNIT <del>2614</del> 1644	ATTORNEY DOCKET NO. P03592US1
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APPLICANT

ERIC M. WEAVER, STORY CITY, IA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/210,490 12/11/98

SKK

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

SKK

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

SKK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/19/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IA	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>SKK</u> Examiner's Initials Initials					

ADDRESS

WENDY K. MARSH  
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801 GRAND AVENUE  
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DES MOINES IA 50309-2721

TITLE

ANIMAL SERUM PRODUCT FOR GUT MUCOSAL PROTECTION AND PREVENTION OF  
INFECTION BY VEROTOXIN-PRODUCING ORGANISMS

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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